

FOR OFFICE USE ONLY  
License Fee: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
555 EAST LOOCKERMAN STREET, SUITE 210  
DOVER, DELAWARE 19901**

**REQUEST FOR ADDITIONAL LOCATIONS**

**LICENSED LENDER LICENSE**

In compliance with the requirement of Chapter 22, Title 5, Delaware Code, providing for the regulation of financing the sale of Licensed Lenders,

Name of  
Applicant: \_\_\_\_\_

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for an additional location in accordance with its terms:

1. Contact person and telephone number for application:

Name \_\_\_\_\_

Title: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

2. Address of principal office where business is conducted:

No. &  
Street: \_\_\_\_\_

City/County/State/Zip  
Code: \_\_\_\_\_

3. Additional locations currently licensed:

4. a.) Address(es) and telephone numbers of locations being applied for:

b.) Is any location for which you are requesting a license considered a “net branch”? ☐ Yes ☐ No

If yes, please provide all details of the arrangement, including (but not limited to) the participating company, names, titles, addresses, and telephone numbers of the principals, compensation arrangements, etc.

**NOTE:** In accordance with HUD Mortgagee Letter 00-15, the practice of a HUD/FHA approved mortgagee “taking on an existing, separate mortgage company or broker as a branch and allowing that separate entity to originate insured mortgages under the approved mortgagee’s HUD mortgage number” constitutes a **prohibited** net branch arrangement.

c.) If the location(s) to be licensed is outside of Delaware, include an explanation of how the location will be transacting the business of lending money in this State.

5. Indicate where the financial books and loan records for additional locations will be maintained.
6. Personal resumes for all managers of the new location(s) should be submitted **with** the application.
7. Personal resumes for all new principals of the licensee should be submitted **with** the application.
8. A financial statement for all new principals of the licensee should be submitted **with** the application.

9. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by an other name?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever had any license denied, suspended, or revoked or denied or has any regulator imposed a fine or taken other type of disciplinary action?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. If the answer to 9, 10, or 11 is yes, attach a schedule giving details. If the answer to 11 is yes, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).
13. Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company. If you are a sole proprietor, please also provide a detailed personal financial statement (asset/liability statement).
14. A non-refundable investigation fee of \$250.00 *per location to be licensed*, and a license fee of \$250.00 *per location to be licensed* must accompany this request. Please make checks payable to the Office of the State Bank Commissioner.

Signed: \_\_\_\_\_  
Principal of Licensee

\_\_\_\_\_  
Title & Date

\_\_\_\_\_ being duly sworn according to the law,  
deposes and says that he/she is authorized to make this affidavit; that the statements  
contained in the above application are true and correct. Witness the due execution by the  
parties hereto and in the case of a corporation or association, under their respected seals  
this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Individual/Partner/Principal Officer

Corporate Seal  
\* \_\_\_\_\_ Please check

if company does not  
have a company seal

\*If company has had a seal in the past and no longer has one, please attach an explanation.

Attest: \_\_\_\_\_  
Principal

Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_.